

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 21

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL POLITICAL ACTION COMMITTEE (CAPG FEDERAL PAC)

A.

Full Name (Last, First, Middle Initial)

HOWARD L. BERMAN

Mailing Address 14546 Hamlin St., #202

City State Zip Code  
Van Nuys CA 91411

Purpose of Disbursement  
Contribution

Candidate Name  
BERMAN FOR CONGRESS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 28

Transaction ID: SB23.4959

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

BARBARA BOXER

Mailing Address PO BOX 411176

City State Zip Code  
LOS ANGELES CA 90041

Purpose of Disbursement  
Contribution

Candidate Name  
FRIENDS OF BARBARA BOXER

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.4957

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

LOIS G CAPPS

Mailing Address 1724 SANTA BARBARA STREET

City State Zip Code  
SANTA BARBARA CA 93101

Purpose of Disbursement  
Contribution

Candidate Name  
FRIENDS OF LOIS CAPPS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.4963

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....